

X
Arnold

Town

Dixie

County

Garrett

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Male

Jan 3

White

Age

23

Colored

Married

Widow

Divorced

Female

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Marsellis Arnold

Mother's

Maiden Name

Cause of

Primary

?

How long sick

Death

Immediate

?

151

Accident, Suicide, Homicide

Reported by

J. Gilbert Selby

Address

Egmon

W. Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ettie Bowman

Town

County

Died at

Accident Garrett

MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 19	1903	Jan	23	Age	3			
Male	White			Married	Widow	Divorced		
Female	Colored			Single	Widower	Number of children living		

Husband of		
Wife		

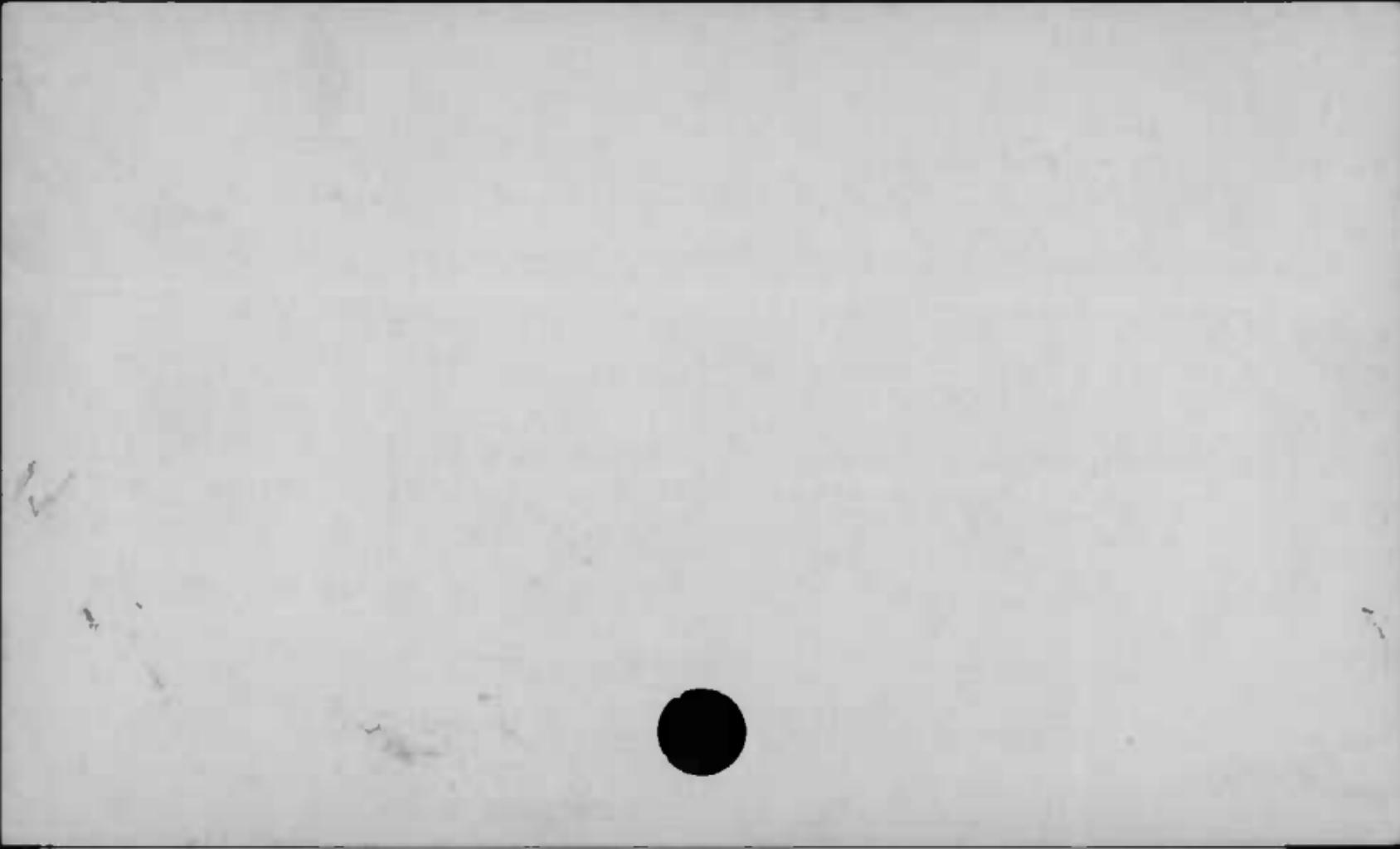
Father's Name	Christian	Mother's Maiden Name	Sadie Durst
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Cause of Death	Primary	Secondary	How long sick
	diphtheria	Cardiac Paralysis	7 days
Death	Immediate		Accident, Suicide, Homicide

Reported by	R. A. Barnardoff
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Address	Accident Md
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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Horace Bowman
Town Accident County Garrett

MARYLAND

Died at Accident Month Jan Day 27 Y. 19 M. 03 D. 14 Native of _____ Occupation _____

Male White Married Widow Native of _____
Female Colored Single Widower Occupation _____
Number of children living _____

Husband of _____

Wife _____

Father's Name Christian Bowman Mother's Maiden Name Eadie Burst

Cause of Death Primary Diphtheria How long sick 15 days

Immediate Cardiac failure Accident, Suicide, Homicide

Reported by R. R. Knudsen

Address accident 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

11



E. N. Costel X

near McHenry Garrett County MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	Jan 23			44	1	3	Md	farmer
Male	White	Age		Married		Widow	Divorced	
Female	Colored			Single		Widower	Number of children living	7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

30 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Ray Fagenlaker</i>				X			CERTIFICATE OF DEATH	
Died at <i>Bellinger</i>		Town		County <i>Garnett</i>		MARYLAND		
Date of death 1903	Month <i>Jany</i>	Day <i>22</i>	Age	Years	Months <i>8</i>	Days <i>1</i>		
Sex <i>Male</i>	Color or Race <i>white</i>			Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>					
Name of Wife or Husband								
Father's Name <i>Jacob Fagenlaker</i>			Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Bogoller</i>			Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Jacob Fagenlaker</i>			How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *La Grippe* How long *30 day*

Immediate *Pneumonia* How long *30*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

16 L Berdine Rd

Granville Md

9
Accident or Suicide?

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Peter Gantner X				CERTIFICATE OF DEATH		
Died at	Town	Home	County	MARYLAND		
Died at	Sunny side		Brooklyn			
Date of death 1903	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Pa.	
Married, Single or Widowed	widower		Occupation			

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving Information

Father's Birthplace

Mother's Birthplace

How related to deceased

John E. Knauer

CAUSES OF DEATH

Primary

General debility

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

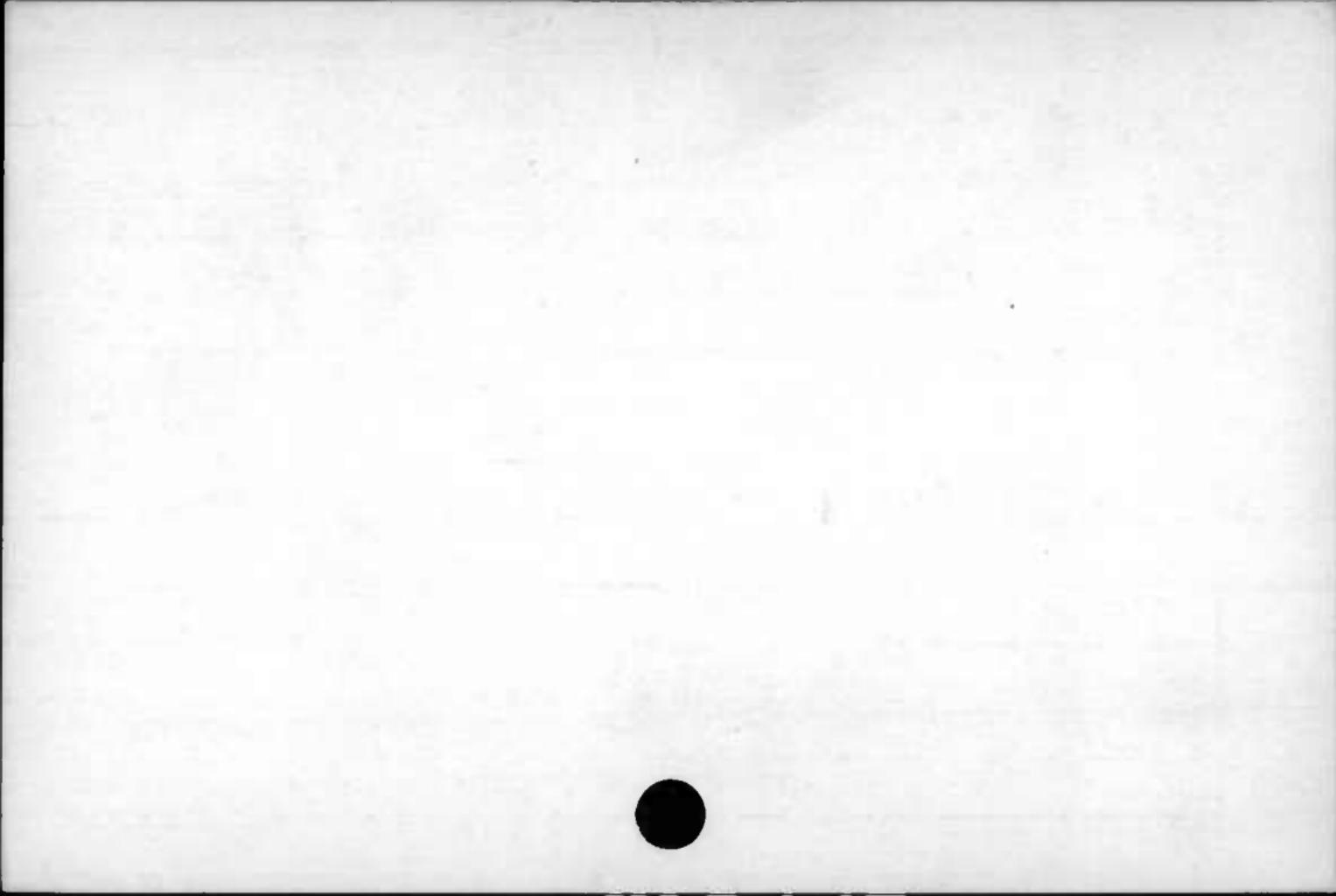
John E. Knauer

Address

Sunny side

PHYSICIAN
OR CORONER

8
Accident or Suicide?



Name
in
Full

Mrs Susan Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month Jan	Day 30"	Years 87	Months	Days	
Sex Female	Color or Race Caucasian	Birth-place				
Married, Single or Widowed	Widow	Occupation		None		
Name of Wife or Husband	Green					
Father's Name	—					
Mother's Maiden Name	—					
Name of person giving Information	W.B. Mire					
CAUSES OF DEATH						

PHYSICIAN
OR CORONER

Primary

Found dead in bed

How long

Sudden

Immediate

Are the name, age, sex, color, date and place correctly given above?

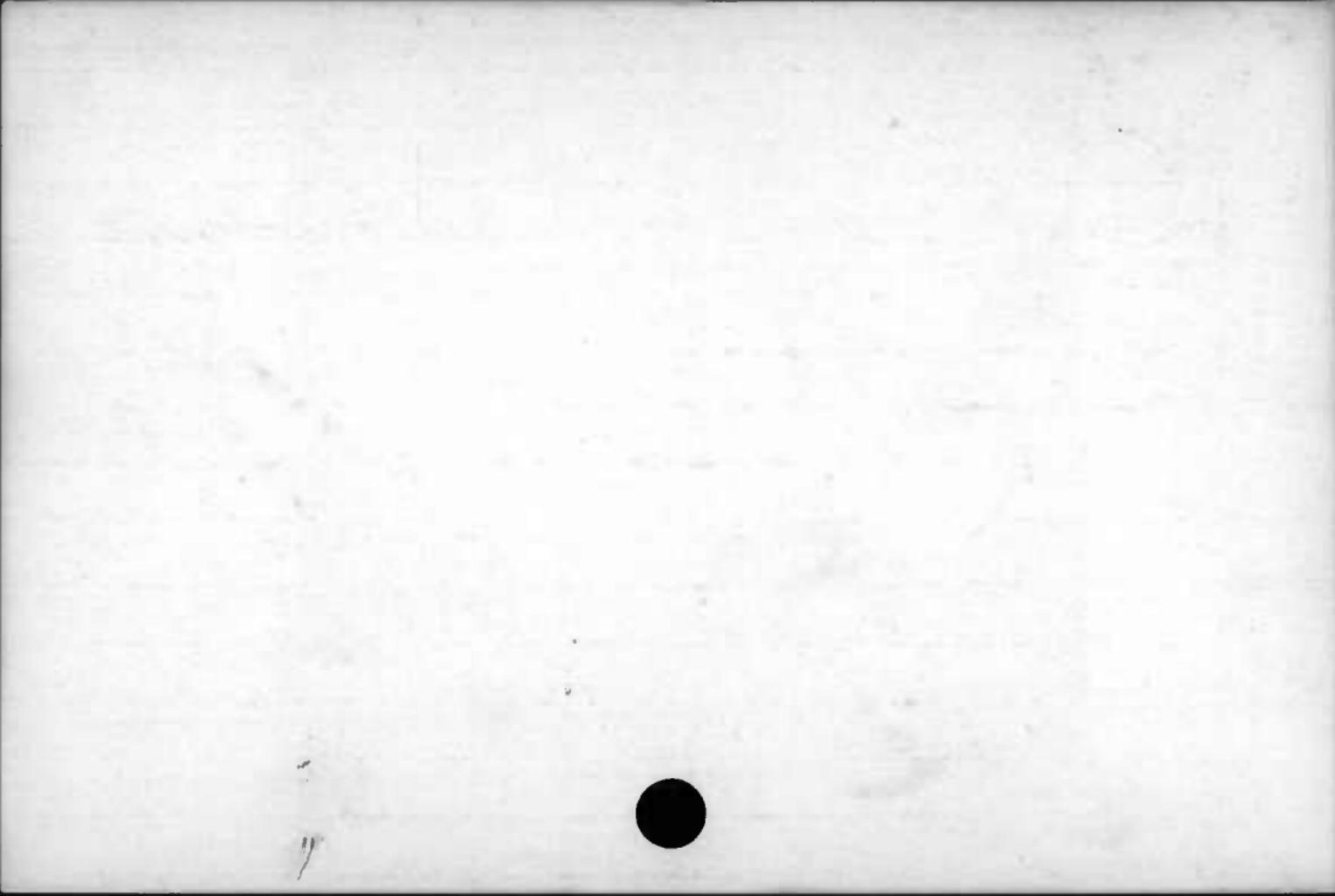
yes.

Signature of Physician

Address

None

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Bobby Laffers</i>				CERTIFICATE OF DEATH		
Died at <i>Altman</i> - Town		<i>Garrett</i> County		MARYLAND		
Date <i>Jun 30</i> of death <i>1903</i>	Month <i>Jun</i>	Day <i>30</i>	Age <i>20 mo</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race	<i>white</i>		Birth- place	<i>Altman</i>	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name <i>A. J. Laffers</i>				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	<i>92</i>			How related to deceased		

CAUSES OF DEATH

Primary

Brachio. Paroxysm

How long

Immediate

Cerebr. abse. Supt. Delir.

How long

Spec. weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

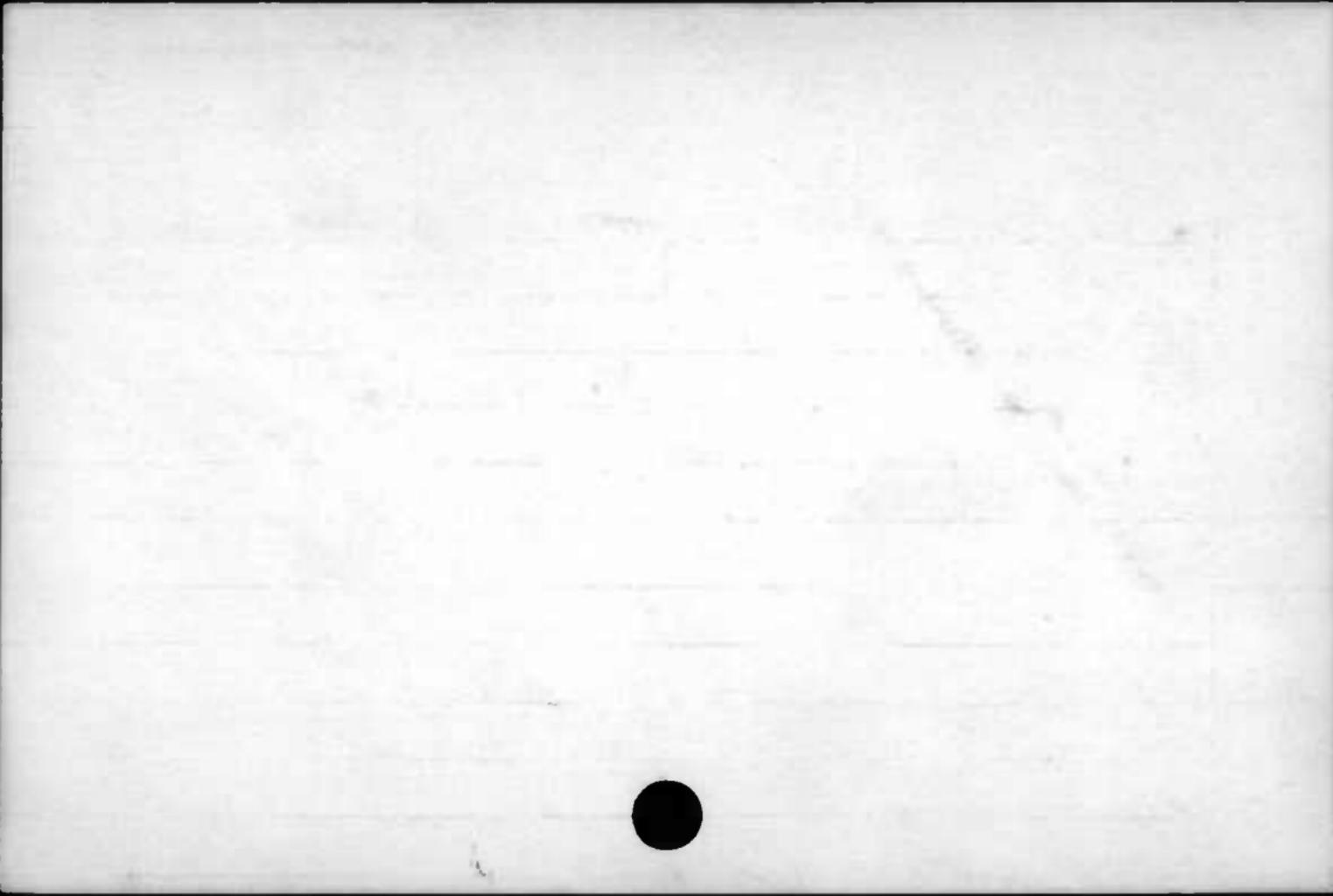
Signature of
Physician

H. W. W. Rogers

Address

Oakland, Maryland

Accident or Suicide?



Name
in
Full

Mary T Landstreet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Dallas	County Garrett	MARYLAND		
Date of death 1903	Month Jan	Day 11	Age 75	Years	Months
Sex Female	Color or Race Caucasian	Occupation Widow	Birth- place Va		
Married, Single or Widowed	Occupation Widow			Hc	
Name of Wife or Husband Rev Landstreet					
Father's Name	✓			Father's Birthplace	✓
Mother's Maiden Name	✓			Mother's Birthplace	✓
Name of person giving Information	✓			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage How long

Immediate Cerebral Hemorrhage How long

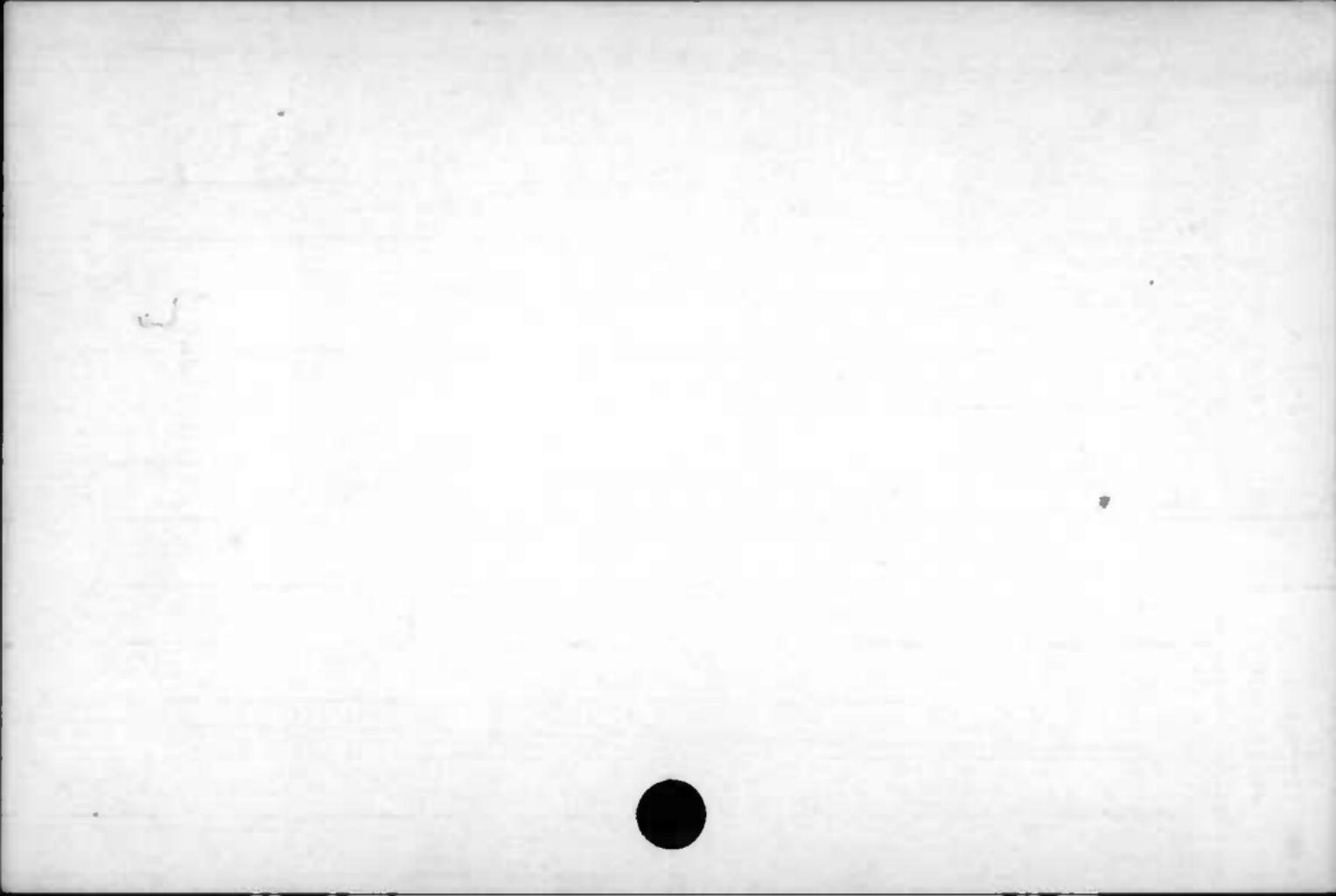
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. W. McCormac
Dallas Md

Accident or Suicide?



Name
in
Full

Rodolf Matulyeck X

CERTIFICATE OF DEATH

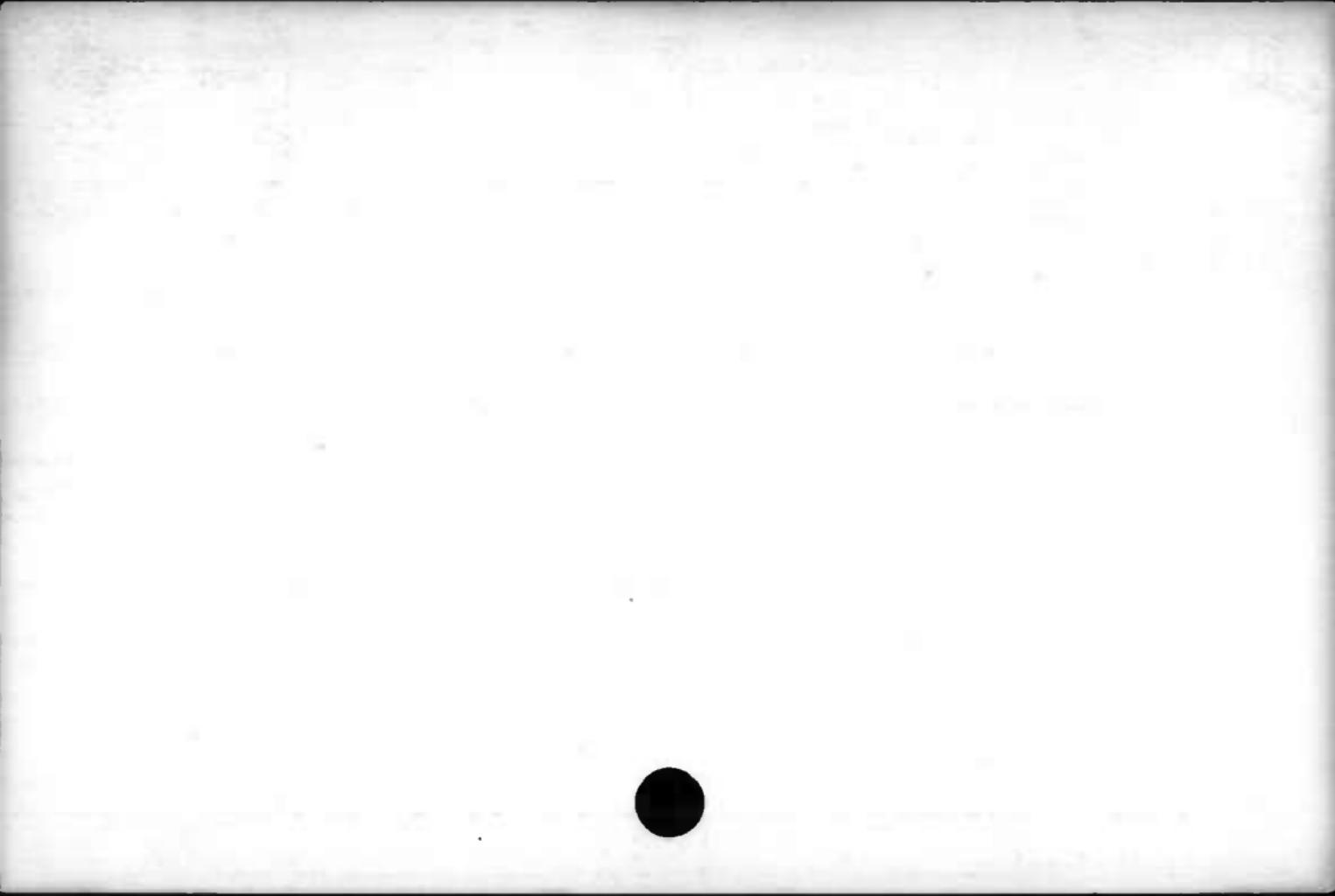
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jenmeyer</u> Town		County <u>Garrett</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>January</u>	Day <u>21</u>	Years	Months	Days	<u>28</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Garrett Co Md</u>				
Married, Single or Widowed		Occupation <u>None</u>				
Name of Wife or Husband <u>Charles Matulyeck</u>						
Father's Name		Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Salves, Leobert</u>		Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Char. Matulyeck</u>		How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Conjunctal</u>	How long
Immediate <u>Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W.L. Evans</u>
	Address <u>Granville Md</u>
Accident or Suicide?	



X
Policy

Town Crown County Gard MARYLAND

Died at

Town

County

MARYLAND

Date 19

Month 1 Day 4Y. 2 M. D.

Native of

Occupation

MaleWhiteMarriedWidowDivorcedFemaleColoredSingleWidowerNumber of children living

Husband of

Wife

Father's

Name

Zack Policy

Mother's

Maiden Name

Edo Miller

Cause of

Primary

Neuromuscular

How long sick

2 days

Death

Immediate

a

Accident, Suicide, Homicide

Reported by

M.C. Hembrough

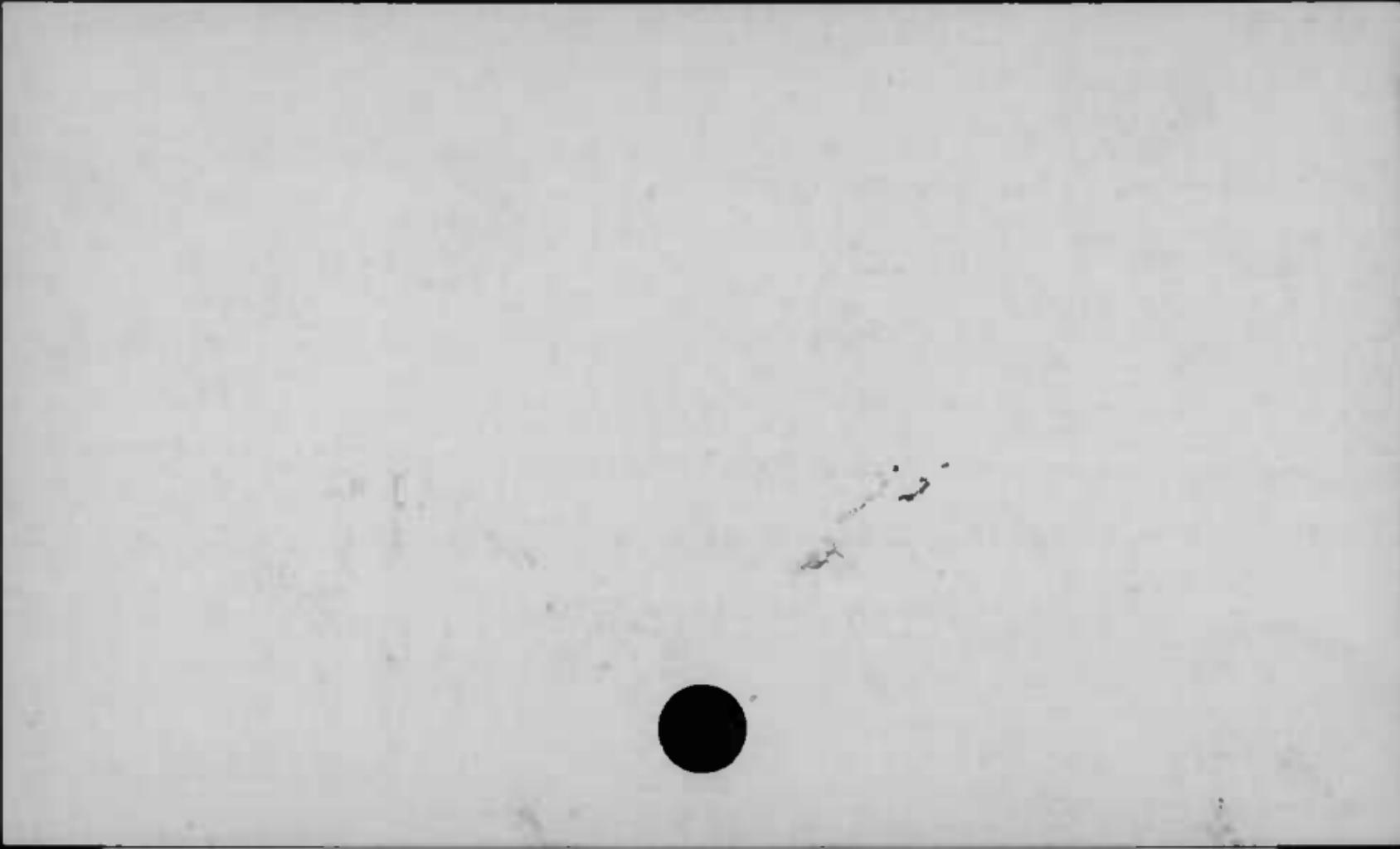
Address

Crown



Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Andrew Jackson Rhodes.

Town

County

Died at

Beekleyan

MARYLAND

Month

Day

Y. M. D.

Native of

Date 1903.

Jan. 17

Age 74.1.14

Md.

Occupation

Male

White

Married

Widow

Farmer

Divorced

Female

Colored

Single

Widower

Number of children living

11

Husband of

Mary E. Rhodes

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

How long sick

about 7 Hrs.

Accident, Suicide, Homicide

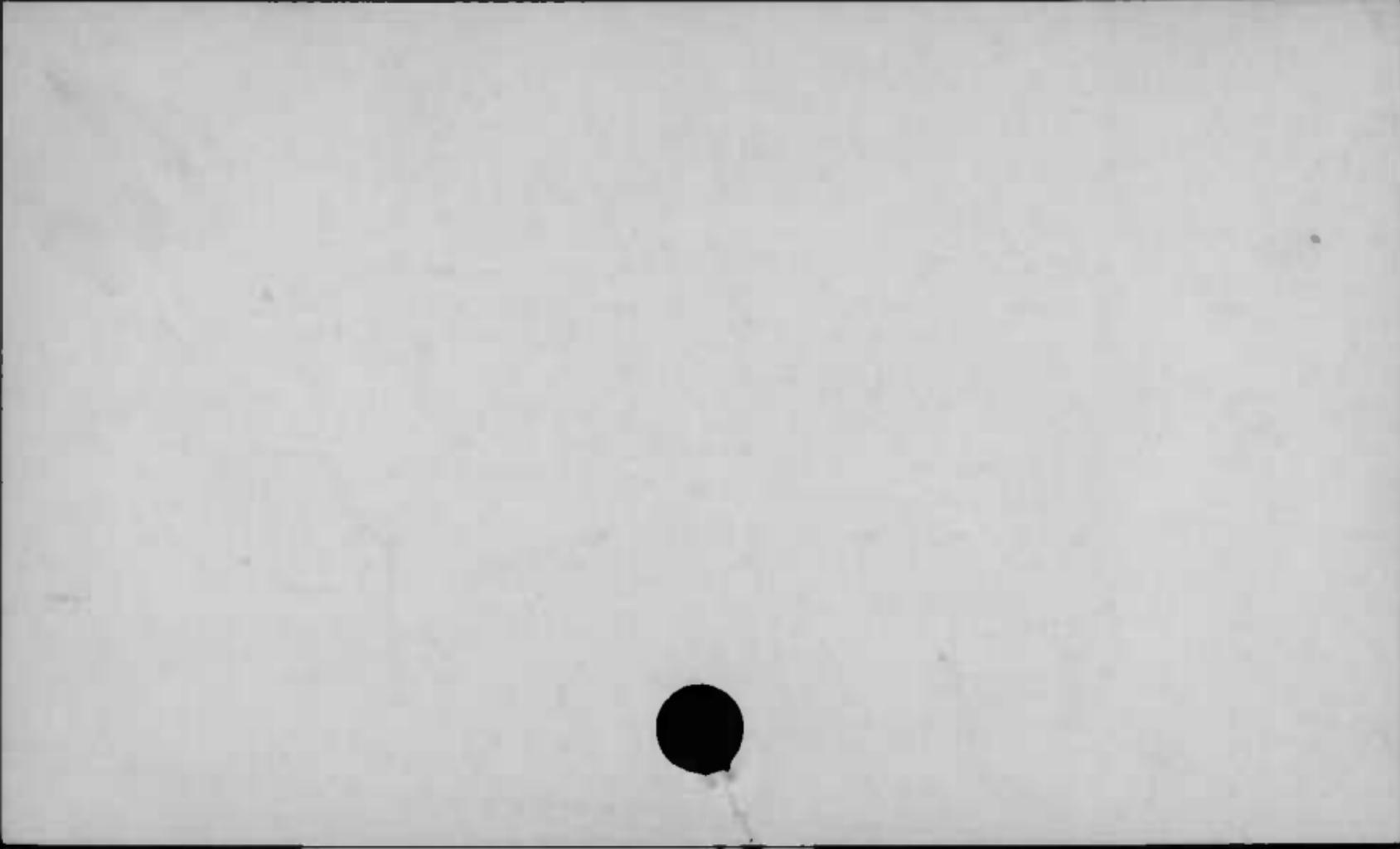
Acute Gastritis

Exhaustion

C. Fazulah, M.D.

Quinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lyda. A. Savage ^X

Town

County

Died near Graver

Garrett

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Name of
Wife

W. H. Savage

Father's
Name

Mother's

Name

Maiden Name

Cause of
Death

Primary

old age

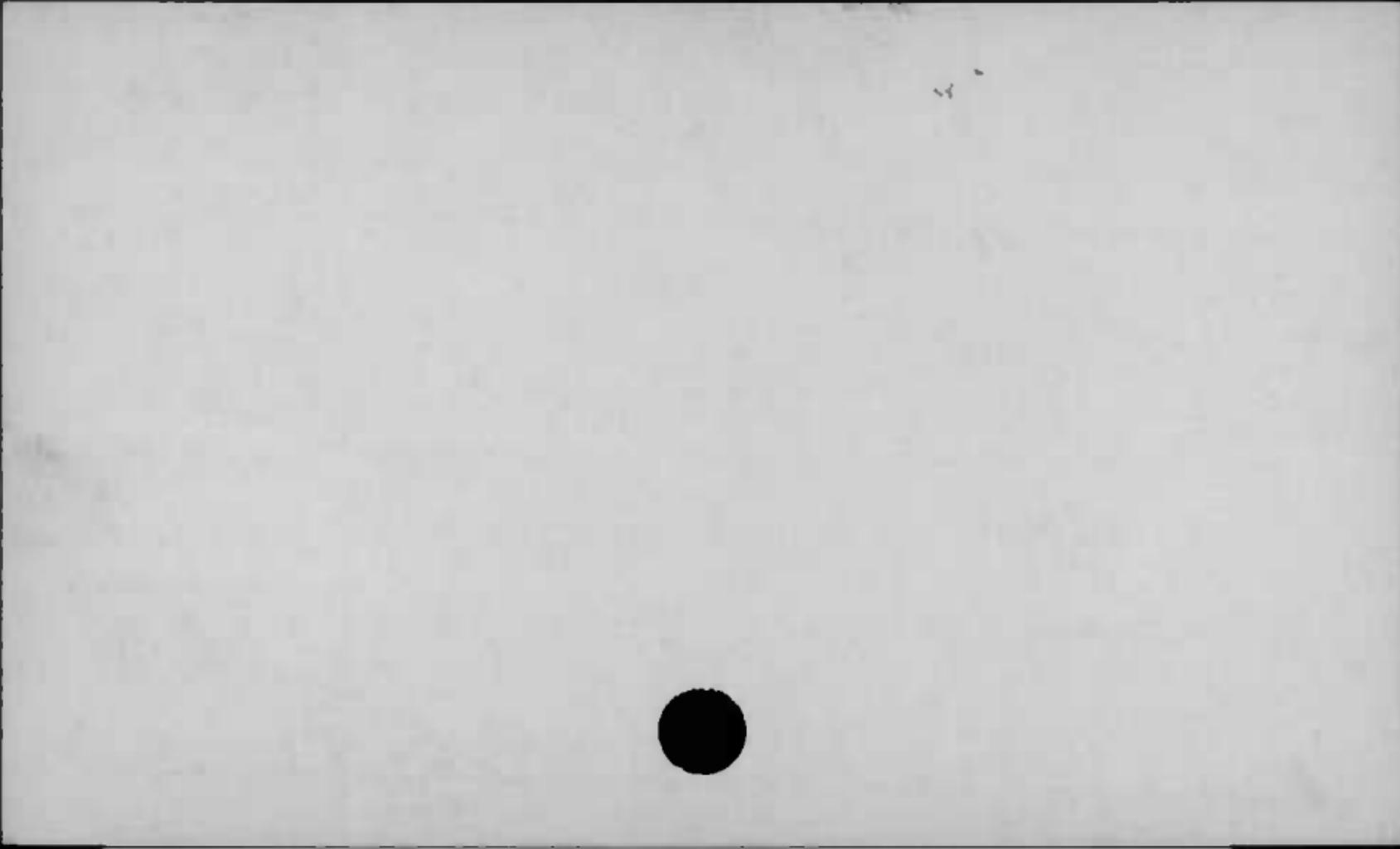
How long sick 5 months

Immediate

Accident, Suicide, Homicide

Reported by

S. Savage Undertaker
Friendsville Md.Address
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Savage
x
Fearer *Garrett*

Town

County

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1 25

Age 82-

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Wife

Father's

Name

154

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Old age

Address

A. J. Mason M.D.

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

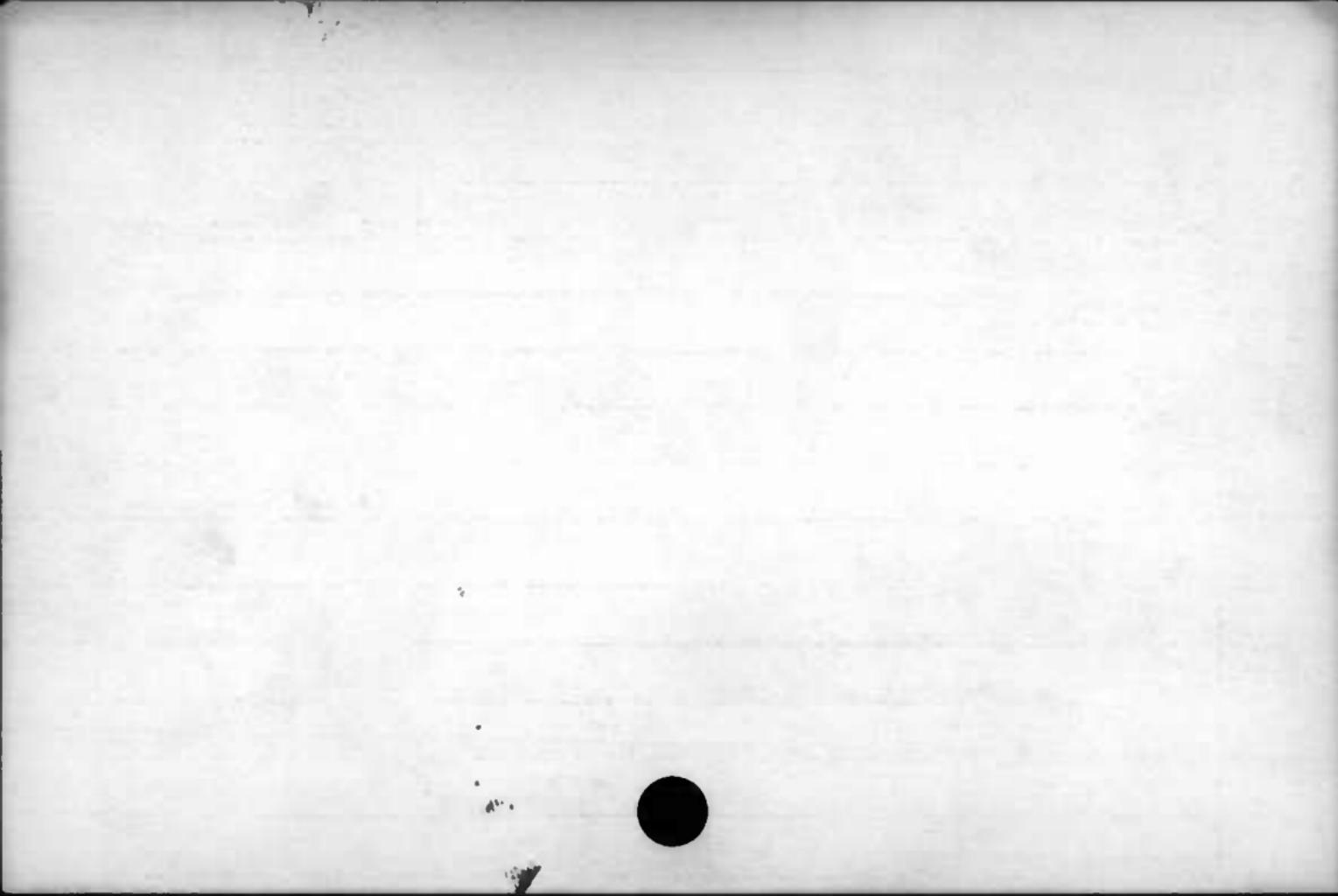


TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month Jan	Day 25	Year 1	Months 6	Days -	
Sex Female	Color or Race	Caucasian		Birth-place Md		
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Audrey Shatzky		Father's Birthplace	✓		
Mother's Maiden Name	Miss Baum		Mother's Birthplace	✓		
Name of person giving information	Audrey		How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Coryneum Bronchitis		How long	about 8 days
	Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	McNamee & Legge	
			Address	Oakland Md	
8 Accident or Suicide?					



Ervin Smith ^X

Died ~~at~~ ^{Town} Mar Mc Henry ^{County} Garrett MARYLAND

Date 1903 Month Jan Day 18 Y. 0 M. 2 D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of _____

Wife

Father's

Name Michael Smith Mother's Ann Englehart

Maiden Name

Cause of

Primary Pneumonia 93 How long sick 9 days

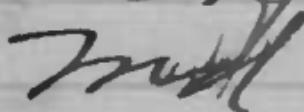
Death

Immediate Cardiac failure Accident, Suicide, Homicide

Reported by

R. A. Raynor off

Address

accident  

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Smith

CERTIFICATE OF DEATH

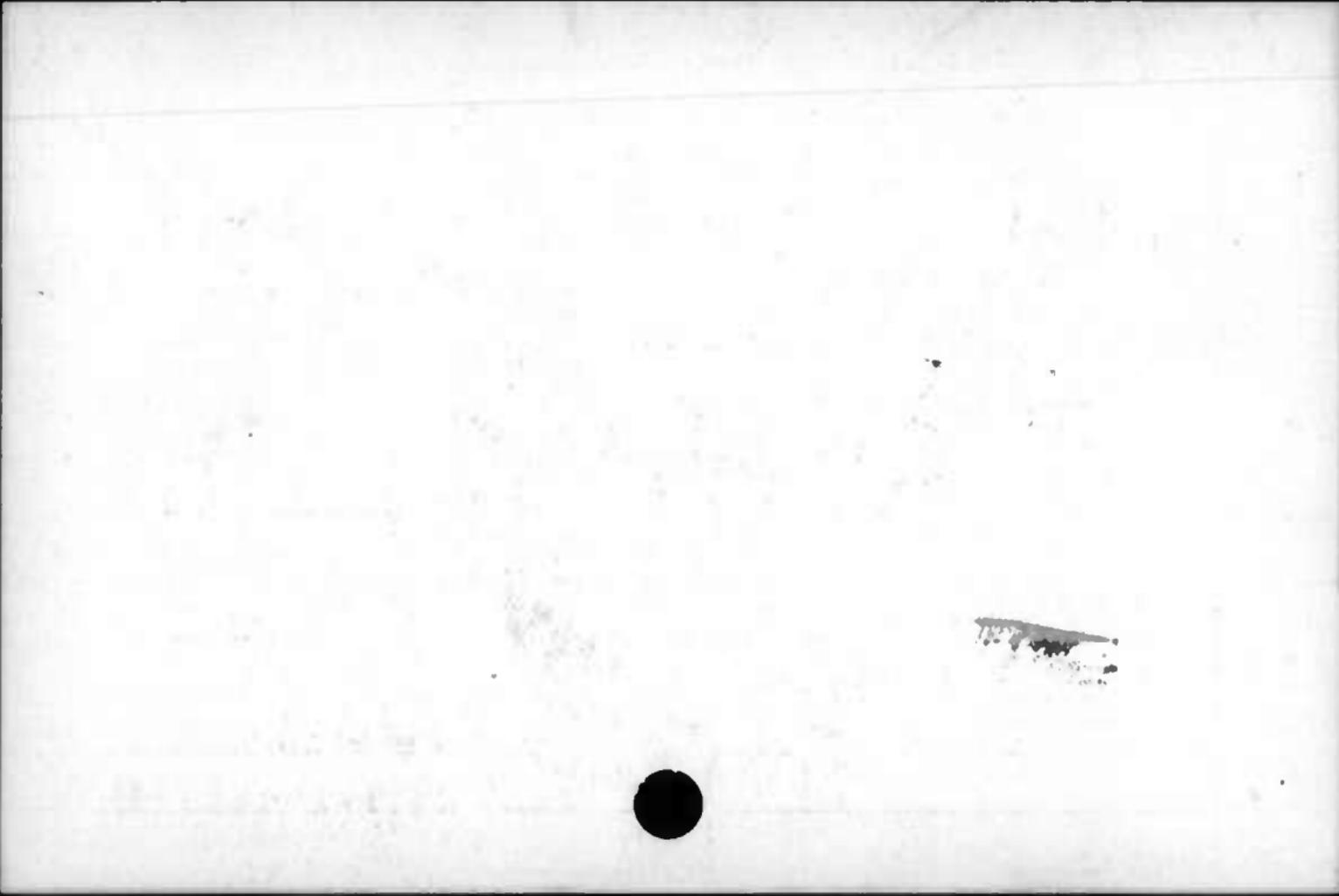
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Jan 3		30	Age 29			
Sex	Male	Color or Race	White	Birth-place	MD	
Married, Single or Widowed	Married		Occupation			
Name of Wife or Husband	Wife Sallie					
Father's Name	John Brown			Father's Birthplace	-	
Mother's Maiden Name	11	11		Mother's Birthplace	-	
Name of person giving information	George W. Brown			How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Explosion at mine		How long	instantly
Immediate	11		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Geo W Brown
			Address	8th & Main Platine
Accident				



Elijah Thomas

Died at Markleysburg Town Garrett County MARYLAND
 Date 1903 Month 1 Day 19 M. 69 D. 9-9-24 Native of Md Occupation Farmer
 Male White Age 69 Status Married Widow Divorced
Single Widower Number of children living 9
~~Husband~~ of ~~Husband~~ of ~~Wife~~

Father's
Name

Mother's
Maiden Name

Cause of Death Primary Sagrippe

10

How long sick
3 wks

Death Immediate Peritonitis

~~Accident, Suicide, Homicide~~

Reported by A.J. Mason Md

Address F. Fenderville  Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

